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21-23-02

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No. 26473/04200	
	First Inventor Dianne M. Perez	
	Title	MODEL SYSTEMS FOR NEURODEGENERATIVE AND CARDIOVASCULAR DISORDERS
	Express Mail Label No. EL085326306US	

APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 26] (preferred arrangement set forth below)		a. <input type="checkbox"/> Computer Readable Form (CRF)	
- Descriptive title of the invention		b. Specification Sequence Listing on:	
- Cross Reference to Related Applications		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	
- Statement Regarding Fed sponsored R & D		ii. <input type="checkbox"/> paper	
- Reference to sequence listing, a table, or a computer program listing appendix		c. <input type="checkbox"/> Statements verifying identity of abo	
- Background of the Invention			
- Brief Summary of the Invention			
- Brief Description of the Drawings (if filed)			
- Detailed Description			
- Claim(s)			
- Abstracts			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages 23]			
5. Oath or Declaration [Total Pages 2]			
a. <input type="checkbox"/> Newly executed (original or copy)			
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)			
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			

18. ☒ a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 09/ / 568,255

Prior application information: Examiner A. Baker Group Art Unit: 1632

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
24024 Customer Number or Bar Code Label				or Correspondence address below	
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PATENT TRADEMARK OFFICE					
Name Pamela A. Docherty					
Address					
City		State	Ohio	Zip Code	
Country		Telephone	(216) 622-8416	Fax	(216) 241-0816

Name (Print/Type)	Pamela A. Docherty	Registration No. (Attorney/Agent)	40,591
Signature		Date	January 18, 2002

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FEE TRANSMITTAL for FY 2002		Complete if Known	
		Application Number	Not yet assigned
Patent fees are subject to annual revision		Filing Date	Concurrently herewith
		First Named Inventor	Dianne M. Perez
		Examiner Name	Not yet assigned
		Group Art Unit	Not yet assigned
		Attorney Docket No.	26473/04200
TOTAL AMOUNT OF PAYMENT (\$)		370.00	

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. ADDITIONAL FEES	
Deposit Account Number: 03-0172			
Deposit Account Name:			
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17			
<input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27			
2. <input checked="" type="checkbox"/> Payment Enclosed:			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)
101	740	201	370
106	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80
SUBTOTAL (1)		\$370.00	
2. EXTRA CLAIM FEES			
Total Claims	5	Extra Claims	-20** = 0
Independent Claims	1	Fee from below	x 9 = 0
Multiple Dependent		Fee Paid	= 0
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)
103	18	203	9
102	84	202	42
104	280	204	140
109	84	209	42
110	18	210	9
SUBTOTAL (2)		\$	
** or number previously paid, if greater; For Reissue, see above			
		Other fee (specify)	
		SUBTOTAL (3) (\$)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Pamela A. Docherty	Registration No. (Attorney/Agent)	40,591
Signature	<i>Pamela A. Docherty</i>	Telephone	(216) 622-8416
		Date	January 18, 2002

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